

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

FRANCINE SILVER

(List the full name(s) of the plaintiff(s)/petitioner(s).)

2015 CV 05423 () ()

-against-

RESIDENTIAL CAPITAL LLC.

(List the full name(s) of the defendant(s)/respondent(s).)

NOTICE OF APPEAL
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: APR 21 2016

Notice is hereby given that the following parties:

FRANCINE SILVER

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☒ judgment ☐ order entered on:

3/22/16
(date that judgment or order was entered on docket)

that:

AFFIRMED THE BANKRUPTCY COURT ORDER.

(If the appeal is from an order, provide a brief description above of the decision in the order.)

Dated

4/18/16
SILVER, FRANCINE

Name (Last, First, MI)

8613 FRANKLIN AVE, L.A. CA 90069

Address

City

State

Zip Code

310 945 6105

Telephone Number

E-mail Address (if available)

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

FRANCINE SILVER

2015 CV 05423 () ()

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

RESIDENTIAL CAPITAL LLC

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

Dated

4/18/16

Signature

Name (Last, First, MI)

SILVER, FRANCINE

Address

8613

FRANKLIN

City

State

AVE, L.A. CA 90069

Zip Code

Telephone Number

310 945 6105

E-mail Address (if available)

Application to Appeal In Forma Pauperis

FRANKIE SILVER v. RESIDENTIAL CAPITAL LLC Appeal No. _____

District Court or Agency No. _____

<p>Affidavit in Support of Motion</p> <p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u>Frankie Silver</u></p>	<p>Instructions</p> <p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>4/18/16</u></p>
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My issues on appeal are: (required):

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ -	\$	\$
Self-employment	\$ 0	\$ -	\$	\$
Income from real property (such as rental income)	\$ 0	\$ -	\$	\$

Interest and dividends	\$ 0	\$	\$	\$
Gifts	\$ 2000.00	\$	\$	\$
Alimony	\$ 0	\$	\$	\$
Child support	\$ 0	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 1,600.00	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify):	\$ 0	\$	\$	\$
Total monthly income:	\$ 1,800	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Retired	—		\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Retired	—		\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 250

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
WELLS FARGO Bank of Amer	checking	\$ 250	\$ -
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ <u>1,500,000</u>	(Value) \$ <u>—</u>	(Value) \$ <u>—</u>
(1W foreclosure litigation)		Make and year: <u>—</u>
		Model: <u>—</u>
		Registration #: <u>—</u>

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>—</u>	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
RESIDENTIAL CAPITAL LLC	\$3,000,000.00	\$ -
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
MARCUS SILVER	SON	50

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ -	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$300	\$
Home maintenance (repairs and upkeep)	\$200	\$
Food	\$500	\$
Clothing	\$ -	\$
Laundry and dry-cleaning	\$ -	\$
Medical and dental expenses	\$900	\$

Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 200	\$
Life:	\$ -	\$
Health:	\$ -	\$
Motor vehicle:	\$ -	\$
Other:	\$ -	\$
Taxes (not deducted from wages or included in mortgage payments) (specify): R-G.	\$ 1200	\$
Installment payments		
Motor Vehicle:	\$ -	\$
Credit card (name):	\$ -	\$
Department store (name):	\$ -	\$
Other:	\$ -	\$
Alimony, maintenance, and support paid to others	\$ -	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ -	\$
Other (specify):	\$ -	\$
Total monthly expenses:	\$ 02,360	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ 20,000

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I HAVE BEEN A FRAUD VICTIM FOR OVER A DECADE.
I AM 90 YEARS OLD, RETIRED & RECOVERING FROM
A BROKEN WRIST & ON GOING FRAUD & ELDER ABUSE.

12. Identify the city and state of your legal residence.

City LOS ANGELES State CA

Your daytime phone number: 323 6561896

Your age: 90 Your years of schooling: 12

Last four digits of your social-security number: 7666

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8094 9497 7786

Form
ID No. 0200

1 From
Date 4/19/16
Sender's Name Mr. SIKLER Phone 312 945 6105
Company
Address 803 FRANKLIN AVE
City CHICAGO State IL ZIP 60609

2 Your Internal Billing Reference

3 To
Recipient's Name U.S. DISTRICT COURT S.D. NY
Company DANIEL PATRICK MOYNIHAN COURT
Address PRO SE INTAKE ROOM
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address 500 PEARL ST.
Use this line for the HOLD location address or for continuation of your shipping address.
City NEW YORK State NY ZIP 10007-1312

Hold Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

Hold Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.
- ☒ FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

- ☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

- ☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- ☐ No Signature Required
Package may be left without obtaining a signature for delivery.
- ☐ Direct Signature
Someone at recipient's address may sign for delivery.
- ☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

- One box must be checked.
☒ No ☐ Yes
As per attached Shipper's Declaration. ☐ Yes
Shipper's Declaration not required. ☐ Dry Ice
Dry ice, 6 UN 1845 x kg
☐ Cargo Aircraft Only

Payment Bill to:

- Sender ☐ Recipient ☐ Third Party ☒ Credit Card ☐ Cash/Check

Total Packages Total Weight

Credit Card Auth.

*Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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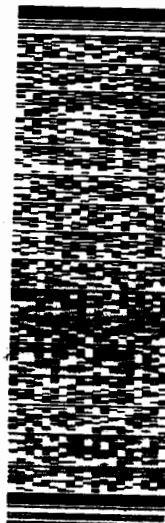
8094 9497 7786

on-neutral
shippingUSMS
SDNY

SA PCTA

10007
NY-US EWR

TRK# 8094 9497 7786

THU - 21 APR 4:30P
** 2DAY **FedEx
Express

UNITED STATES US

TO U.S. DISTRICT COURT

DANIEL PATRICK MOYNIHAN COURT

500 PEARL ST
PRO SE INTAKE RM 200
NEW YORK NY 10007

BILL SENDER

SHIP DATE: 19APR16
ACT/MT: 0.20 LB
CA01 /OFFC1703
DTHS: 0X0X0 INRECEIVED
ONLY PRO SE OFFICE
2016 APR 21 AM 11:26

Part # 156297-435 R112 10/15